



Master Accountants Inc.

PERSONAL TAX INFORMATION CHECKLIST

1. PERSONAL INFORMATION

Last Name First Name Middle Initial

Address

City Province Postal Code

Home phone number Cell phone Email address

SIN Date of birth (dd/mm/yy) Marital Status

Occupation

Has your address changed? Yes No Are you a Canadian citizen? Yes No

Do you authorize Canada Revenue Agency to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? Yes No

2. SPOUSE (including common-law)

If marital status changed during the year, enter date of change: _____(dd/mm/yy)

Spouse's Name Date of birth (dd/mm/yy) SIN Net income (line 236)*

3. DEPENDANTS (children, parents or others dependent on you for financial support)

Name Relationship Date of birth (dd/mm/yy) SIN Net Income (line 236)* Live with me (Y/N)

If dependant is infirm, please identify dependant and describe nature of infirmity

* If we are preparing your dependants tax returns you do not need to complete this section

4. T-SLIPS (INCOME)

These are the standard forms used for reporting Canadian income:

Attached

Employment income

Employment/commission income	T4, T4A	_____
Director's fees	T4, T4A	_____
Employee profit sharing plan - income	T4PS	_____

Pension/retirement income

Pension/annuity income	T4A, T4A(OAS), T4A(P)	_____
Income from RRSP or RRIF	T4RSP, T4RIF	_____

Investment income

Interest & dividends	T5	_____
Income form Mutual Funds and other trusts	T3	_____

Other sources

Income from RESP	T4A	_____
Partnership income	T5013	_____
Employment insurance benefit	T4E	_____
Universal Child Care Benefit	RC62	_____
Working Income Tax Benefit advance	RC210	_____
Purchase and sale of securities	T5008	_____
Social Assistance (self/spouse)	T5007	_____
Tax shelters	T101, T5013	_____

5. OTHER INCOME

List any other income including pensions received, directors fee, scholarships, retiring allowance, training allowance, etc.

6. INVESTMENTS (Income / Expenses)

Interest and other carrying charges incurred to earn income from investments (including safety deposit box, accounting, and investment counsel fees). _____

Gains or losses from selling securities or other capital property, e.g., stocks, bonds, mutual funds, real estate (including broker's trading summaries or a transaction list showing date of each purchase and sale, currency, original cost and transaction fees). Also include Dec 31 portfolio details for non RRSP account holdings. _____

Detailed listing of income and expenses for each **rental property** you owned during the year. For each property also provide name, address, SIN and split of ownership of all co-owners (if any) _____

Details regarding your interest in property held outside Canada, i.e., **foreign property** including bank accounts, investments, U.S. securities, trusts and real estate. _____

7. INCOME TAX REFUND AND GST CREDIT DIRECT DEPOSIT

To start direct deposit, complete your banking information below.

Bank Name - Branch Number (5 digits), Institution Number (3 digits), and Account Number (max 12 digits)

8. OTHER INFORMATION TO INCLUDE:

Copy of last year's personal tax return (if this is your first year with us) _____
 Last year's Notice of Assessment / Reassessment _____
 Canada Revenue Agency pre-printed address labels _____

9. DEDUCTIONS/TAX CREDITS

Please attach receipts/forms for these deductions/credits.

For self only:

RRSP contributions _____
 Home Buyers Plan withdrawals or repayments _____
 Lifelong Learning Plan withdrawals or repayments _____
 Charitable donations (provide details for in-kind donations, such as shares of stock) _____
 Political donations _____
 Professional/union dues _____
 Disability support expenses _____
 Attendant care (if you claim the disability tax credit) _____
 Interest paid on student loans _____
 Property taxes or rent paid (see Note 1) _____
 Legal fees (see Note 2) _____
 Moving expenses (see Note 3) _____
 Alimony, maintenance or child support paid or received (see Note 4) _____
 Income tax installments (see Note 5) _____

For self AND dependants:

Disability tax credit T2201 _____
 Medical expenses (see Note 6) _____
 Tuition fees and education deduction (see Note 7) T2202/2202A _____
 Public transit pass amounts _____
 Childcare or adoption expenses (see Note 8) _____
 Children's fitness amount (see Note 9) _____

- Note 1 Property tax and/or rent paid may result in a claim for Ontario tax credits in some circumstances.
 Note 2 If you incurred legal expenses in relation to employment termination, or claiming spousal or child support, please provide details.
 Note 3 If you moved at least 40 kilometers closer to a new place of work or school, request form T1-M.
 Note 4 The amount of alimony, maintenance or child support paid or received in the year and the name, SIN, and address of the recipient.
 Note 5 Details regarding income tax instalment payments made during the year (include the latest Canada Revenue Agency Statement of Account).

- Note 6 Attach receipts for all medical and health related expenses including nursing, nursing home, prescription eyewear and drugs, supplemental health insurance premiums, medical devices and orthotics, ambulance, travel expenses, dental, chiropractic, naturopath, homeopath and other medical treatments, or cost of specialized services required because of a medical or physical impairment. If any of these expenses were covered by insurance, please provide copies of all claim reports issued by the insurer.
- Note 7 If the credit is being transferred to a supporting person, dependant must complete and sign form T2202.
- Note 8 Provide details regarding child care expenses for children 16 & under, including the name of the provider; social insurance number if an individual; fees for camps, programs and lessons.
- Note 9 Fees paid for registering a child in a program of physical activity.

10. SELF-EMPLOYMENT OR UNINCORPORATED BUSINESS (Complete Section A & B)

EMPLOYMENT EXPENSES (Complete Section B only and attach T2200 from Employer)

Section A

Registered business name	Business Number		
Date business commenced (mm/yy)	Fiscal year-end (dd/mm/yy)		
Is the business a partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the business have a GST registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Statement of income and expenses	<i>[complete worksheet on page 5]</i>		Attached _____
Detailed listing of capital assets purchased or disposed of during the year (including furniture, equipment, computers).			_____
Detailed listing of GST collected on revenue and GST paid on expenses, including copies of any GST returns filed (or not filed) and installments paid.			_____
List of accounts receivable billed at year-end.			_____

Section B

Work-space-in-the-home expenses *[complete worksheet on page 6]* _____

Automobile expenses *[complete worksheet on page 6]* _____

Employees Only

Detailed listing of **other employment expenses** *not* reimbursed by your employer which may include meals, lodging, travel, parking, promotion, supplies, cell phone/telephone charges. Restrictions may apply and vary depending on whether you are a commissioned salesperson.

Statement of Income and Expenses Worksheet

Income

Sales, commissions, or fees (Excluding GST, HST & PST)

GST/HST collected on sales

Other income

Are you using the GST Quick Method (Y/N)?

Expenses

TOTAL (incl. GST) *

GST/HST*

Cost of goods sold

Advertising and promotion

Bad debts

Business tax

Licenses, dues, memberships

Delivery, freight, courier

Business insurance

Interest

Repairs and maintenance

Management and admin. fees

Meals and entertainment (total)

Office expenses

Supplies

Legal, accounting and other professional fees

Rent

Salaries, wages, and benefits

Travel

Telephone **

Internet and network services

Supplemental health insurance premiums

Other (provide details)

*For GST Quick Method, *or* if you have not tracked GST separately, show expenses *including* the GST. If you are claiming GST input tax credits (ITCs) *and* you have tracked GST separately, then show expenses *excluding* GST, and record related GST paid in the column to the right.
 **Include telephone charges for a separate business or fax line (other than home phone line). For home phone line include phone charges for business related calls.

Work-Space-in-the-Home Expenses Worksheet

Provide total expense – do not prorate. Restrictions may apply and vary depending on whether you are self-employed or commissioned salesperson.

Office area (sq ft)

Total area of home (sq ft)

Heat	
Water	
Electricity	
Property taxes	
Insurance	
Rent	
Mortgage interest	
Repairs and maintenance	
Security	
Landscaping/snow removal	
Other (provide details)	

Automobile Expenses Worksheet

Provide total expense for each vehicle used for business purposes during the year.
Do not prorate.

	Vehicle 1	Vehicle 2
Make of vehicle		
Date acquired		
Date disposed (if during the year)		
Cost before GST and PST *		
GST and PST		
Km driven for business		
Km driven in year (total)		
Total expenses incurred		
Fuel and oil		
Repairs and maintenance		
Monthly lease cost		
Interest		
License and registration		
Insurance		
Auto club (CAA)		
Car washes		
Parking		
Other (supply details)		

- Please attach purchase agreement (showing purchase price, trade-in value and down payment), or lease term sheet (showing Manufacturers List Price and down payment).